Commonwealth of Kentucky
Department of Insurance
215 West Main Street
P.O. Box 517
Frankfort, KY 40602

APPLICATION FOR CERTIFICATE OF FILING AS A PROVIDER-SPONSOREDINTEGRATED HEALTH DELIVERY NETWORK

1. Name and Address of Applicant:_____

_____

_____

2. Address to which official communications should be mailed (if different from above):

_____

_____

_____

3. Names of providers who are sponsors, owners, officers, or managers of the provider-sponsored network (attach additional pages, if necessary):

_____

_____

_____

_____

_____,
(Name of Provider Network)

by signing this registration, agrees to comply with all applicable provisions of Kentucky law, including, but not limited to KRS 304.17A

Provider's Signature:_____

Provider's Name:_____

Provider's Title:_____

IRS No._____

Date:_____

4. Biographical Affidavit (Form No. 501) which is available on the Kentucky Department of Insurance website. Please make the appropriate number of copies that you will need completed.

5. Service of Process Designation (Form No. 800 - for non-domestic networks) which is available on the Kentucky Department of Insurance website.

6. KRS 304.17A-300 & 310 lists the criteria necessary for the establishment of a provider-sponsored integrated health delivery network. Kentucky Laws and Regulations are available for your review on the Kentucky Department of Insurance web. Please submit the required data, with the exception of the deposit. The forms for the deposit will be forwarded to you when we have completed an initial review of the application material.

7. 806 KAR 17:100E, also lists additional criteria. Please submit the required data. The items listed under paragraph (k) should be submitted in duplicate. These items are the plan's proposed benefit package (policy forms), rates and enrollee application.

6. Fees for filing:

Charter Documents	$100.00
Original Certificate of Filing	$500.00
Policy Forms and Application	$ 5.00 (each)
Rates	$100.00

Please make checks payable to the **KENTUCKY STATE TREASURER** and submit to the Kentucky Department of Insurance, Financial Standards and Examination Division, at the address provided at the top of the page.